STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445224	A. BUILDING _____ B. WING _____	C 01/13/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HENRY COUNTY HEALTHCARE CTR	239 HOSPITAL CIRCLE PARIS, TN 38242

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 282	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Intakes: TN00026118 Based on closed medical record review and interview, it was determined the facility failed to ensure the care plan was implemented for 1 of 24 (Resident #24) sampled residents. The findings included: Closed medical record review for Resident #24 revealed the resident was admitted to the facility on 8/21/09, and discharged on 8/25/09. Admission diagnoses included Spinal Stenosis - Lumbar, Hypercholesterolemia, Hypertension, Fracture Lumbar Vertebra - Closed and Aftercare Internal Fixation Device. The admission care plan for Resident #24 included the following problems and interventions: a. Problem of "Skin Impairment/Skin Risk/Surgical Wound" with a goal of "Skin Impairment/Skin Risk/Surgical Wound" and an intervention of, "Turn and reposition every 2 hours and as needed." b. Problem of, "Altered Comfort Related to: Goal: Pain will be addressed and interventions will be effective." Interventions for this problem included,	F 282		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 282	Continued From page 1 "Monitor for constipation with interventions as appropriate." c. Problem of, "Constipation, Goal: Will have a bowel movement every 2- [to] 3 days." Interventions for this problem included, "Monitor for bowel movements and record." Closed medical record review revealed there was no documentation the resident was turned and repositioned every 2 hours or as needed, and no documentation for the resident's bowel movements. In an interview in the Director of Nursing's (DON) office, on 1/13/11 at 8:30 AM, the DON confirmed there was no documentation of bowel movements found in Resident #24's chart.	F 282		